



For office use only:

Licensing Year: _____

License No.: _____

Date Issued: _____

APPLICATION FOR ICE CREAM VENDOR LICENSE

Name of Company _____

Business Address _____

Equipment & Storage Location, if different _____

Business Owner(s) _____

Address _____ Phone _____

Manager, if different _____

Address _____ Phone _____

Vehicles to be operated:

| <u>YEAR</u> | <u>MAKE</u> | <u>TYPE</u> | <u>MODEL</u> | <u>SERIAL NO.</u> | <u>KS TAG NO.</u> |
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The following must be with this application:

1. General Services inspection form for each vehicle listed above.
2. A copy of the KSDA inspection form.
- *CONTACT Kansas Department of Agriculture at 785-296-3511 to schedule your inspection.**
3. Proof of insurance showing coverage of each vehicle listed above.
4. Appropriate license fee (\$25.00 plus \$10.00 for each vehicle).

Any vehicles put in service after approval of this application must be inspected, registered with this office and approval to operate given prior to use.

I agree to comply with all requirements of the Salina Code and regulations relating to the operation of such business. I agree my license may be revoked or suspended if I am found to have violated such requirements or regulations or if I have misrepresented any facts in this application.

Date _____ Signature _____

\$25.00 License + \$10.00 per vehicle

Amount Paid \$ _____ Date _____ Receipt No. _____ Received by _____

**

Zoning Certificate

This is to certify that the above described property is zoned _____ and does/does not comply with the provisions of the zoning regulations of the City of Salina for the proposed use. Approved/Disapproved.

Date

Planning Department

**

Approved/Disapproved

Date

City Clerk

**

9/30/02

MISG